## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

CLAIMS AS FILED - PART I								100100					
			(Colum			(Column 2)		SMALL EN TYPE	TITY	OR		R THAN ENTITY	
U.S	3. NATIONAL	STAGE FEES		,		(	]	RATE	FEE	7	·		
BAS	SIC FEE		SMALL ENT	Г. = \$ 150	LAR	GE ENT. = \$ 300	1	BASIC FEE	+	一, 。	RATE	FEE N 2/1	
EXAMINATION FEE			Satisfies PCT A	Article 33(1)-	All of	other situations =	1	EXAM FEE	<del> </del>		BASIC FEE	130	
SEARCH FEE			U.S. is ISA = \$ ALL other cor \$ 200 / \$	\$ 50 / \$ 100 ountries =	All ot	\$ 100 / \$ 200 other situations = \$ 250 / \$ 500		SEARCH FEE	<del> </del>	1	SEARCH FEE	\$ 1/1	
FEE	FOR EXTRA S	SPEC. PGS.		minus 100 =		/ 50 =	1	X \$ 125 =	<del> </del>	-		1700	
τοτ	TAL CHARGEA	BLE CLAIMS	2/ <sub>0</sub> mi	inus 20 = .		(0	1 1	X \$ 25 =	<del> </del>	OR	X \$ 250 =	1777	
INDEPENDENT CLAIMS			7) "	ninus 3 = ,	=	<u> </u>		X \$ 100 =	<del> </del>	-	X \$ 50 =	124	
MUL	TIPLE DEPEN	IDENT CLAIM PRE	<del></del>						<del> </del>	OR	X \$ 200 =	<u> </u>	
* If	the difference	e in column 1 is !	ess than zero, enter "0" in c					+ \$ 180 =	<u> </u>	OR	+ \$ 360 =		
			000 11011 2010	, cher o	III CO	ilumn 2		TOTAL		OR	TOTAL		
		CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING HIGHEST NUMBER PRESENT					<b> </b>	SMALL E	ADDI-	OR	OTHER SMALL E	ENTITY	
AMENDMENT A		AFTER AMENDMENT		PREVIOL PAID F	USLY	EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
ENDM	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
AME	Independent	<del></del>	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
_	FIRST PRESI	SENTATION OF MIL	JLTIPLE DEPE	ENDENT CI	LAIM			+ \$ 180 =		OR	+ \$ 360 =	<b> </b>	
		<i>!</i>					Ī	TOTAL ADDIT. FEE		OR	TOTAL ADDIT.		
		(Column 1)		(Column	n 2)	(Column 3)				•			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	* A	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
AME 1	Independent	* 1	Minus	***		=		X \$ 100 =		OR -	X \$ 200 =		
- 1	FIDET ODDO	ENTATION OF AS	H TIDI E DEDE			<del></del>	-			-			
丄	TINOTPRESI	ENTATION OF MU	WILLIAME DEAF	NDENT CL	MIA		- 1	+ \$ 180 =	1	OR	+ \$ 360 =		

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.